UNITED STATESIROSHAP Service 4

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Clark A Knickerbocker, Registered Agent for Skyhawk Chemicals, Inc.	A. Signature Agent Addressee Addressee B. Received by (Printed Name) Date of Delivery Date of Delivery Addressee Date of Delivery Addressee Date of Delivery Yes If YES, enter delivery address below: No
701 North Post Oak Road, Suite 540 Houston, Texas 77024	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
•	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Transfer from service label)	014 0150 0000 2452 8258
Form 3811 February 2004 Domestic Return Receipt 102595-02	

